



**CHATHAM COUNTY PARKS AND RECREATION DEPARTMENT
YOUTH PARTICIPATION & WAIVER FORM**

NAME: _____ ADDRESS: _____

PARENTS' NAMES: _____

MAIN PHONE: _____ ALTERNATIVE PHONE: _____

DATE OF BIRTH: _____ AGE: ____ GRADE: ____ SCHOOL: _____

DOCTOR: _____ CHILD'S PHYSICAL CONDITION: _____

List any physical or mental defects or diseases (epilepsy, heart murmur, etc.) which your child may have or any other special medical information: _____

I/We, the parents of the above named child, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify, and hold harmless the **Chatham County Parks and Recreation Department**, the Chatham County Commission, the organizers of the activity, sponsor, the supervisors, and/or all of them. In case of injury to my child, I/We hereby waive all claims against the organizers, the sponsors, or any staff appointed by them.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury.

I, _____ agree to participate in the Chatham County Parks and Recreation Dept. Basketball Program and I agree to release Chatham County Parks and Recreation Dept., the Chatham County Commissioners, Chatham County, Georgia, or its designated representatives from any responsibilities and liabilities, in the event of injury to members of said individual.

Attached is a fact sheet that outlines the nature and risk of concussions and head injuries. My signature below, acknowledges that you have received and read the attached fact sheet.

(Parent/Parent's Signature)

(Date)